

This form **MUST** be completed by the Financial Aid Representative at the applicable training provider. Please return by fax or mail to the Workforce Development office.

YOUTH PROGRAM FINANCIAL AID VERIFICATION

GEORGIA MOUNTAINS WORKFORCE DEVELOPMENT
2481 HILTON DRIVE, SUITE 8, GAINESVILLE, GEORGIA 30501
(770) 538-2727 • (770) 538-2729 FAX

Student Name: _____ SSN: _____

The student indicated above **applied** for Financial Aid assistance to attend:

_____ on _____
School Date

Campus Location: _____

The following Financial Aid, identified by source and semester amount, has been approved, pending full time registration:

| | |
|------------|-------------|
| PELL _____ | HOPE _____ |
| SEOG _____ | OTHER _____ |

These amounts have been approved for the following semesters:

Fall: _____ Spring: _____ Summer: _____

If the student maintains satisfactory progress and an acceptable grade point average, similar financial aid may be expected for the student's remaining semesters of attendance. ☐ Yes ☐ No

The student's program of study is: _____.

Expected completion date for this student is: _____.

Name of Financial Aid Officer / Title

Signature of Financial Aid Officer

Date

I grant my permission for the release of this information to the Georgia Mountains Workforce Development.

Student Signature

Date